

## **Report of Lead-Based Paint Identification Activities**

Lead Hazard Remediation Program P.O. Box 30195 Lansing, MI 48906 517-335-9390 www.michigan.gov/leadsafe

Rule 325.9922(4) requires that any person conducting a lead-based paint identification activity shall notify the department of such activities no later than the 15<sup>th</sup> day of the month following the activity. Violation will result in suspension or revocation of the professional's certification, and/or administrative citation and fines.

1. PROFESSIONAL'S INFORMATION					
Name of Professional:		MI Certification	MI Certification no.: P		
Agency or Company Name:					
Address:	Ci	ty:	ZIP:		
			ORTING PERIOD:		
2. REPORTING ACTIVITIES					
SITE INFORMATION*	HOUSING TYPE*	ACTIVITY TYPE	DATE OF ACTIVITY		
Street address:  City and ZIP:  County:	☐ Owner-occupied ☐ Rental ☐ Multi-family ☐ 2-4 units ☐ 5-20 units	☐ Inspection ☐ Lead Hazard Screen ☐ EBL Investigation ☐ Risk Assessment ☐ Clearance Sampling	// 		
Owner/Site Telephone Number:	$\Box$ 21-50 units $\Box$ 51-100 units	Метнор	RESULTS		
Owner's Name:	☐ 101-200 units ☐ 200+ units		☐ LBP present ☐ LBP Hazards present		
SITE INFORMATION*	HOUSING TYPE*	ACTIVITY TYPE	DATE OF ACTIVITY		
SITE INFORMATION*  Street address:  City and ZIP:  County:	☐ Owner-occupied ☐ Rental ☐ Multi-family ☐ 2-4 units	ACTIVITY TYPE  ☐ Inspection ☐ Lead Hazard Screen ☐ EBL Investigation ☐ Risk Assessment ☐ Clearance Sampling	/		
Street address:  City and ZIP:	Owner-occupied Rental Multi-family 2-4 units 5-20 units 21-50 units	☐ Inspection ☐ Lead Hazard Screen ☐ EBL Investigation ☐ Risk Assessment ☐ Clearance Sampling			
Street address:  City and ZIP:  County:	☐ Owner-occupied ☐ Rental ☐ Multi-family ☐ 2-4 units ☐ 5-20 units	☐ Inspection ☐ Lead Hazard Screen ☐ EBL Investigation ☐ Risk Assessment ☐ Clearance Sampling  METHOD	mon day year		
Street address:  City and ZIP:  County:  Owner/Site Telephone Number:  ( )  Owner's Name:  SITE INFORMATION*	☐ Owner-occupied ☐ Rental ☐ Multi-family ☐ 2-4 units ☐ 5-20 units ☐ 21-50 units ☐ 51-100 units ☐ 101-200 unit	☐ Inspection ☐ Lead Hazard Screen ☐ EBL Investigation ☐ Risk Assessment ☐ Clearance Sampling  METHOD  SS☐ XRF ☐ Lab samples  ACTIVITY TYPE	mon day year  RESULTS  □ LBP present		
Street address:  City and ZIP:  County:  Owner/Site Telephone Number:  ( )  Owner's Name:	Owner-occupied Rental Multi-family 2-4 units 5-20 units 5-20 units 101-200 units 200+ units  HOUSING TYPE*  Owner-occupied Rental Multi-family 2-4 units	☐ Inspection ☐ Lead Hazard Screen ☐ EBL Investigation ☐ Risk Assessment ☐ Clearance Sampling  METHOD  SS ☐ XRF ☐ Lab samples	mon day year  RESULTS  □ LBP present □ LBP Hazards present		
Street address:  City and ZIP:  County:  Owner/Site Telephone Number:  ( )  Owner's Name:  SITE INFORMATION*  Street address:  City and ZIP:	Owner-occupied Rental Multi-family 2-4 units 5-20 units 5-20 units 101-200 units 200+ units  Whousing Type* Owner-occupied Rental Multi-family	☐ Inspection ☐ Lead Hazard Screen ☐ EBL Investigation ☐ Risk Assessment ☐ Clearance Sampling  METHOD  SS ☐ XRF ☐ Lab samples  ACTIVITY TYPE ☐ Inspection ☐ Lead Hazard Screen ☐ EBL Investigation ☐ Risk Assessment ☐ Clearance Sampling  METHOD	RESULTS  LBP present LBP Hazards present  DATE OF ACTIVITY		

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Name of Professional:	MI Certification no.: P		
SITE INFORMATION*	Housing Type*	ACTIVITY TYPE	DATE OF ACTIVITY
Street address:  City and ZIP:  County:	☐ Owner-occupied ☐ Rental ☐ Multi-family ☐ 2-4 units ☐ 5-20 units ☐ 21-50 units ☐ 51-100 units ☐ 101-200 units ☐ 200+ units	☐ Inspection ☐ Lead Hazard Screen ☐ EBL Investigation ☐ Risk Assessment ☐ Clearance Sampling	/
Owner/Site Telephone Number:		Метнор	RESULTS
( ) Owner's Name:		☐ XRF ☐ Lab samples	☐ LBP present ☐ LBP Hazards present
SITE INFORMATION*	HOUSING TYPE*	ACTIVITY TYPE	DATE OF ACTIVITY
Street address:  City and ZIP:  County:	☐ Owner-occupied ☐ Rental ☐ Multi-family ☐ 2-4 units ☐ 5-20 units	☐ Inspection ☐ Lead Hazard Screen ☐ EBL Investigation ☐ Risk Assessment ☐ Clearance Sampling	// mon day year
Owner/Site Telephone Number:	☐ 21-50 units ☐ 51-100 units	Метнор	RESULTS
Owner's Name:	☐ 31-100 units ☐ 101-200 units ☐ 200+ units	☐ XRF ☐ Lab samples	☐ LBP present ☐ LBP Hazards present
SITE INFORMATION*	HOUSING TYPE*	ACTIVITY TYPE	DATE OF ACTIVITY
Street address:  City and ZIP:  County:	☐ Owner-occupied ☐ Rental ☐ Multi-family ☐ 2-4 units ☐ 5-20 units ☐ 21-50 units ☐ 51-100 units ☐ 101-200 units ☐ 200+ units	☐ Inspection ☐ Lead Hazard Screen ☐ EBL Investigation ☐ Risk Assessment ☐ Clearance Sampling	/
Owner/Site Telephone Number:		Метнор	RESULTS
Owner's Name:		☐ XRF ☐ Lab samples	☐ LBP present ☐ LBP Hazards present
SITE INFORMATION*	HOUSING TYPE*	ACTIVITY TYPE	DATE OF ACTIVITY
Street address:  City and ZIP:  County:	☐ Owner-occupied ☐ Rental ☐ Multi-family ☐ 2-4 units ☐ 5-20 units	☐ Inspection ☐ Lead Hazard Screen ☐ EBL Investigation ☐ Risk Assessment ☐ Clearance Sampling	/
Owner/Site Telephone Number:	☐ 21-50 units	Метнор	RESULTS
Owner's Name:	☐ 51-100 units ☐ 101-200 units ☐ 200+ units	☐ XRF ☐ Lab samples	☐ LBP present ☐ LBP Hazards present
<ul> <li>Copy from this side of form for at</li> <li>Report by 15<sup>th</sup> day of the month for LHRP FAX: 517-335-8800</li> </ul>		s. Pa	ge of